

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563916

FILING DATE

01-10-06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3						
4			1			
5				1		
6				1		
7				1		
8				1		
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15				1		
16				1		
17				1		
18				1		
19				1		
20			2			
21			2			
22				1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		25	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY